

UNIVERSITY OF ROCHESTER
MATERIAL TRANSFER AGREEMENT CHECKLIST
(Receiving Materials)

Material Transfer Agreements are entered into as a means of protecting the intellectual and property rights of both parties. Agreements between academic institutions or academic and not-for-profit institutions are generally the quickest to execute. However, agreements involving industry often take longer to complete because they frequently contain language that attempts to restrict the scientist's rights to publish and own inventions. These matters must be appropriately negotiated so that the scientist's research and University's pre-existing obligations are not compromised.

University of Rochester Scientist(s): _____
Location: MEDICAL CENTER _____ **RIVER CAMPUS** _____
Date: _____ **Phone Number(s)** _____ **UR BOX #** _____

1) Description of material to be transferred (**Please specify the exact amount to be received**):

2) Background Information:

a) Will the material be used in research that is related to an Invention Disclosure or patent application?
Yes ____ No ____ (If yes, please explain) _____

b) Please indicate who will be providing the material: Academia / Nonprofit ____ or Industry ____

Providing Scientist: _____

Institution: _____

Address: _____

Providing Scientist's Email: _____

Providing Scientist's Phone Number: _____

c) Will this material be used with other materials that you have received or expect to receive through a Material Transfer Agreement? Yes ____ No ____ (If yes, please identify provider and material)

d) What is the source of funding that supports the research for which the material will be used?

e) Will the material be used in humans? Yes ____ No ____

f) Is the material available commercially or through any other source such as a Research Reagent Bank or Depository (such as the ATCC, Hybridoma Bank, etc.)? Yes ____ No ____

g) Please specify the length of time needed to complete the research associated with this Material (optional) _____

3) How would you like this MTA to be sent? (Please check one) ____ 1st Class Mail ____ FedEx

If FedEx was selected, please provide:

FEDEX Account # _____

FEDEX Reference # _____

Please return the completed form to:
Office of Research and Project Administration or Box 270140
Fax 275-9492 ATTN: ORPA/MTA